

Indiana EMS Certified Vehicle Accident Report

Any Indiana EMS Commission certified provider who has any certified vehicle involved in any traffic accident investigated by a law enforcement agency must report that accident as required by the EMS Commission. This report must be submitted to the EMS Commission within ten (10) working days following the accident with an attached Indiana Officer Standard Crash Report.

Provider Name: _____

Provider Certification Number: _____

Vehicle Certification Number: _____

Type of Vehicle:

Ambulance _____ Fire Apparatus _____ Rescue _____ Non Transport _____

Accident Date: _____ Location: _____

Drivers Name: _____ Date of Birth: _____

Driver's EMS Certification Number: _____

Driver's Training/Experience: _____

Law Enforcement Agency Investigating Accident: _____

Property Damage: _____ Personal Injury: _____ Fatality: _____

Was Vehicle operating in emergency mode? Yes _____ No _____

Red Lights? Yes _____ No _____ Siren? Yes _____ No _____

Vehicle was: Responding to a scene _____

En route to medical facility _____

Other _____

Patient(s) onboard? Yes _____ No _____ Number of Patients _____

Number of EMS Personnel onboard vehicle: _____

Brief explanation of how accident occurred: _____

Send to: State Emergency Management Agency
EMS Operations
302 West Washington Street, Room E239
Indianapolis, IN 46204

DO NOT DELAY SUBMISSION OF REPORT DUE